FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATIOI	N		
i Oitim i	(See instructions)		0	ffice use only
NAME OF COMMITTEE (in f	(Check if name Exam is changed) over t	nple: If typying, type the lines	12FE4M5	
LINDE NORTH	AMERICA INC ALLIANCE FOR GOOD G	OVERNMENT (LIND	E _. PAC)	1111111
<u> </u>				
ADDRESS (number and s	reet) 575 MOUNTAIN AVENUE			
(Check if address is changed)				
	MURRAY HILL		LNJ L	07974 -
	CITY▲		STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail addre	ss)		
(Check if address is changed)	LNAAFORGG@LINDE.COM			
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 7	7 D D 7 Y Y Y Y Y Y 2011			
3. FEC IDENTIFICATION	TION NUMBER C C004	471193		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ed this Statement and to the best of my knowledge and	d belief it is true, correct and	l complete	
Type or Print Name of T	reasurer GUSTAVE GALLINOT			
Signature of Treasurer	Electronically Filed by GUSTAVE GALLIN	NOT I	Date 0.8	01 / 2011
NOTE: Submission of fals	ee, erroneous, or incomplete information may subject th ANY CHANGE IN INFORMATION SHO		·	of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530	ontact:	FEC FORM 1 (Revised 02/2009)